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# The populational approach: new vision and action for health

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Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal

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# The populational approach: new vision and action for health

What is health? Until recent years, everyone pretty much agreed that it was the absence of illness. Today, now that our ability to deal with illness has developed considerably, the question goes beyond human biology to become more complex: when it comes to health, living habits and the socio-cultural, economic and physical environment are now considered to be determining factors, alongside access to quality health and social services.

That is why it is a good idea to adopt a new vision of health, in order to be able to intervene effectively to improve the health and well-being of individuals and populations. The position of the World Health Organisation (WHO) is very relevant to this, since it proposes to define health as a state of well-being enabling a person to function in and adapt to his or her environment. With this outlook, health is no longer seen solely as an end in itself, but also as an individual and collective asset, as capital for the socioeconomic development of individuals and groups.

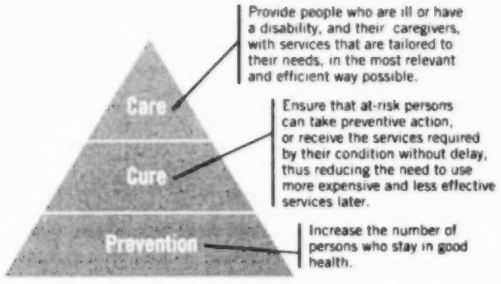
Knowing the mechanisms that condition the population's health increasingly opens up the way for interventions in living environments before health problems occur, making it possible to delay and even eliminate precursors to illness. For example, an intervention in the Montreal territory a few years ago highlighted the impact of social inequalities on health, making it possible to identify promising intervention targets that went beyond the stage of individual consultation for a health problem.

The health network is therefore being asked to leave behind a management model that essentially reacts to illness and its consequences, and to take a more proactive approach that will truly contribute to maintaining and improving Montrealers' health.

## A system that must adapt

In the last thirty years, like other industrialized countries, Quebec has moved from a health care context dominated by infectious diseases (influenza, meningitis, tuberculosis, etc.) to an unprecedented situation marked by the appearance of new "epidemics", such as obesity, tobaccoism, suicide, chronic illness, and mental illness. While these new health problems have become causes of illness and mortality within the population as a whole, the situation is even more worrisome for certain specific groups. Right now, these health problems are solely responsible for almost 60% of deaths worldwide. It goes without saying that they cannot be ignored in the health-care profile of the coming decades. The impact of these diseases is no longer measured just in terms of number of deaths, but also in terms of the quality of life of the persons who suffer from them.

Furthermore, chronic disease is progressing apace with growing life expectancy. This situation is creating a new challenge for the health care system, that of meeting the needs of an ageing population, often suffering from chronic diseases and requiring long-term case management.


Provide people who are ill or have a disability, and their caregivers, with services that are tailored to their needs, in the most relevant and efficient way possible.
Care
Ensure that at-risk persons can take preventive action, or receive the services required by their condition without delay, thus reducing the need to use more expensive and less effective services later.
Cure
Increase the number of persons who stay in good health.
Prevention

Source: Direction de santé publique de Montréal
Prevention, Cure, Care – Challenges of an Ageing Society,
1999 Annual Report on the Health of the Montreal Population

In order to face these new challenges, it is necessary to depart from the current system, which is based mainly on a curative approach, in order to manage a continuum of interventions aimed at developing and maintaining the population's health, and at optimizing individuals' personal and social autonomy. A health system that is able to intervene at the right time is essential to prevent an illness from progressing to more advanced stages, where the curative aspect must play a greater part in treatment. Such an approach will also lower health care costs.

Finally, technological and pharmacological progress is making costs mushroom. In a health system that is better adapted to the new situation, it will be necessary to make sure that all steps taken have a real impact on the population's health. In this respect, the search for efficiency must be based on professional and organizational practices that have been scientifically proven or are the object of a consensus at the regional level. Beyond specific treatment of individuals who go to the doctor, group interventions and the way health care is organized can have a very positive effect on the population's health. For a number of years, various initiatives have produced encouraging results, notably innovative projects aimed at increasing clinicians' mobility in order to ensure better coordination of care, and the setting up of integrated service networks.

## The concept of populational responsibility

The ultimate goal of the health system reform that is currently getting underway is to optimize the impact of services on the population's health by introducing the concept of populational responsibility. This approach is essentially based on the belief that health is a collective asset that must be maintained and developed. In this respect, it both recognizes the various individual factors that influence health, and seeks to reduce social inequalities, which constitute another obstacle to well-being and health. Its goal being to ensure a maximum state of health in the population of a given territory, taking into account available resources, it aims to coordinate the service offer in terms of a given population, rather than in terms of the individuals who consume the services. Lastly, it implies that regional and local authorities are responsible for the health of the individuals on their territory, particularly with regard to access to the right services and the effectiveness of interventions and actions in living environments.

## A powerful tool: the health and social service centres (CSSS)

The health and social service centres (CSSS) were created to meet these challenges. They have been given the responsibility of defining the clinical and organizational project for their territory, based on the characteristics and needs of their population.

This project must aim to improve the health and well-being of the territory's population, and to integrate the services provided to this population by local-network partners. To achieve this, taking into account ministerial and regional guidelines, the project of each CSSS must set out:

- a local vision of the population's health and social service needs, based on an analysis of the population's health and well-being;
- the service offer required to meet those needs;
- forms of organization and expected contributions from other partners.

In order to create a truly local network focused on populational responsibility, the CSSS must mobilize health network and community actors to take the following steps:

1 Establish a picture of the health of the territory's population, taking into account:

- the sociodemographic profile of clienteles and of the population;
- the health profile, i.e. determinants of health and sociodemographic and environmental trends;
- the service use profile.

2 Define the priorities that reflect the local vision of needs. In order to identify expected results clearly, it is necessary to secure the participation of health-network actors and of other resources within the territory. It is of foremost importance for the population to be a stakeholder in the project.

3 Identify effective interventions, both at the clinical and organizational levels. They must have proven effectiveness in improving the population's health and well-being.

4 Organize services, i.e.:

- plan a full and balanced range of services, including prevention, evaluation, diagnosis, treatment, adjustment, integration, rehabilitation, residential care and end-of-life support, while ensuring that the right service is provided at the right time, by the right person;
- introduce care models and mechanisms that ensure comprehensive, ongoing and personalized case management;
- create conditions that foster access to services, the continuity and coordination of care, as well as intersectoral cooperation mechanisms that will create living environments conducive to the population's health.

5 Assess results by comparing them to the objectives established at the outset, and adjusting interventions accordingly.

6 Report on the results obtained, by informing the population and participating in regional and national performance-reporting mechanisms.

## Added value

Up until now, our health system has been dominated by the logic of service production. Each institution, responsible for its clientele, planned its service offer by allocating resources according to the demands expressed by that clientele. Needs were generally identified using a record of service use and waiting lists.

Today, the need to redefine objectives in the health world—with the relevant parameters being service accessibility, continuity, quality and efficiency—has made it imperative to revise professional practices and forms of organization. The populational approach, service integration, the development of networks, comprehensive and personalized case management, as well as result-based management offer promising ways forward, as testified by several recent experiences here and elsewhere in the world.

Given this new vision and action for health, what concrete changes can we expect? The following table provides a summarized answer to this question by creating a parallel between the current health system, based on service users' needs, and the proposed new model, based on a populational approach.

## A strategic role for the boards of directors of the CSSSs

The ultimate objective of the reform underway is to improve the health and well-being of the population of Quebec, while improving the health system's performance.

The logic underlying this reform acknowledges the complexity of health problems, and the impact that various medical and non-medical determinants have on health. It also acknowledges the need to act on individuals' living environments, notably the family, school, the work environment, and the community, and emphasizes a multidisciplinary, intersectoral and participatory approach. Finally, it implies choices when it comes to allocating and distributing resources, and proposes setting priorities with a view to effectiveness and efficiency in applying the "Prevention, Cure, Care" model.

Significant efforts have already been made to provide quality health care in the past. The next step is to ally professional practices, more specifically the clinical side, to an organizational structure and methods that will make it possible to reach the entire population and proceed in an integrated and efficient manner. This is the only way that our current health system can achieve greater gains.

The members of the boards of directors and leadership teams of the new CSSSs on the Montreal territory must meet a huge challenge. They must take on a new responsibility, that of setting up the populational approach in their milieu, while accepting the fact that the current logic will often seem to clash with the logic of the past. The Agency and its various intervenors also face this challenge, and commit to supporting, to the very best of their abilities, the efforts that will be made to improve the health of Montrealers.

| | Care system based on the needs of service users | Care system based on a populational approach |
|---|---|---|
| **Responsibility** | Individuals who use services | Population of the local territory, regardless of whether they use the services |
| **Mission** | Improve the health of the individuals who use the care, when they need it | Improve the health of the territory's population in the medium and long term |
| **Service offer** | Emphasis on diagnostic and services | Emphasis on a continuum of care, from prevention to rehabilitation |
| **Actors involved** | Professionals and system managers, with their respective expertise | Care providers in the system and actors in the milieu, such as the population, the school and municipal environments, doctors with private practices, community organizations, all with their respective knowledge and perspectives |
| **Practices** | Use of meaningful data and practice guides for the individuals using the services<br><br>Process-based management | Use of meaningful data in terms of effectiveness for the population<br><br>Making the population's health problems a priority, taking into account the effective interventions available and the consequences of resource allocation (efficiency)<br><br>Defining target groups, showing a concern for inequalities (at-risk and special groups)<br><br>Managing the use of services, including comprehensive, ongoing and personalized case management<br><br>Integrating the various levels of care (primary care, specialized care, etc.)<br><br>Health results-based management<br><br>Intersectoral work to act for health |
| **Main indicators** | Interest is focused on the numerator, in this case, those consulting.<br><br>Process indicators are preferred. For example, with regard to service production, the question is how many people a screening program reaches.<br><br>Available resources and services are measured, as are waiting lists. | Interest is focused on the relationship between the numerator and the denominator, in this case, the clientele and the population.<br><br>Result indicators are added to process indicators. For example, with regard to health production, interest is focused on decreasing the incidence of a given disease.<br><br>The state of health and well-being of the population is measured, as well as the determining factors of health and the gap between needs and the services provided. |

Adapted from: Derose and Petitti, 2003: *Measuring quality of care and performance from a population health care perspective.* Ann. Rev. Public Health 2003. 24: 363-84; and from Garr, Rhyne and Kukulka, 1993: *Incorporating a Community-Oriented Approach in Primary Care.* American Family Physician 1993: 47 (8): 169-1702.

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